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**SCULLY, SCOTT, MURPHY
& PRESSER, P.C.**

Fax

To: Examiner: Philip Robert Smith **From:** Thomas Spinelli

Group Art Unit: 3739

Fax: 571-273-8300

Pages: 22 including fax cover sheet

Phone:

Date: March 23, 2009

Re: USSN: 10/792,237
Filed: 03-03-2004
Inventor: Manabu Fujita et al.
Our Docket: 17517

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Attached for entry into the above application are:

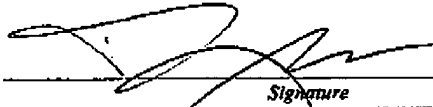
- 1) Amendment Transmittal Letter (in duplicate)
- 2) AMENDMENT AND RESPONSE UNDER 37 C.F.R. §1.111
- 3) Certificate of Facsimile Transmission dated March 23, 2009

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No. 2873 P. 19

MAR 23 2009

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17517	
Applicant(s): Manabu Fujita, et al.						
Application No. 10/792,237	Filing Date March 3, 2004	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 4668	
Invention: CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17 -	21 =	0	x \$52.00	\$0.00	
INDEP. CLAIMS	13 -	17 =	0	x \$220.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ <i>Signature</i> Thomas Spinelli Registration No.: 39,533 Scully, Scott, Murphy & Presser, P.C.			Dated: March 23, 2009 <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ <i>(Date)</i> _____ <i>Signature of Person Mailing Correspondence</i> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>			
TS:DAT:tam CC:						

MAR 23 2003

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Manabu Fujita et al.

Docket No.

17517

Application No.

10/792,237

Filing Date

March 3, 2004

Examiner

Philip Robert Smith

Group Art Unit

3739

Invention: **CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION**

I hereby certify that this AMENDMENT AND RESPONSE UNDER 37 C.F.R. §1.111

(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)

on **March 23, 2009**

(Date)

Thomas Spinelli

(Typed or Printed Name of Person Signing Certificate)

(Signature)

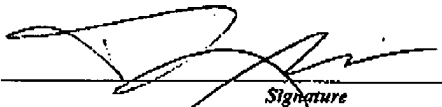
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MAR 23 2009

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Manabu Fujita, et al.					17517	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/792,237	March 3, 2004	Philip Robert Smith	23389	3739	4668	
Invention: CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17 -	21 =	0	x \$52.00	\$0.00	
INDEP. CLAIMS	13 -	17 =	0	x \$220.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP						
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.						
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<div style="display: flex; justify-content: space-between;"><div> _____ Signature Thomas Spinelli Registration No.: 39,533 Scully, Scott, Murphy & Presser, P.C.</div><div>Dated: March 23, 2009</div></div>						
<div style="display: flex; justify-content: space-between;"><div>TS:DAT:tam cc:</div><div><div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.9(a)] on _____</p><p>(Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>Typed or Printed Name of Person Mailing Correspondence</p></div></div></div>						

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Manabu Fujita, et al.

Examiner: Philip Robert Smith

Serial No.: 10/792,237

Art Unit: 3739

Filed: March 3, 2004

Docket: 17517

For: CAPSULAR MEDICAL SYSTEM WITH
WIRELESS COMMUNICATION

Dated: March 23, 2009

Conf. No.: 4668

Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

AMENDMENT AND RESPONSE UNDER 37 C.F.R. §1.111

Sir:

In response to an Office Action of the U.S. Patent and Trademark Office mailed on December 23, 2008, please amend the subject application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 15 of this paper.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: March 23, 2009



Thomas Spinelli